

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HealthSouth Corporation Political Action Committee

ADDRESS (number and street) ▼

3660 Grandview Parkway, Suite 200

☐ Check if different than previously reported. (ACC)

Birmingham

AL

35243

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00414649

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edmund M. Fay

Signature of Treasurer

Edmund M. Fay

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 17 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HealthSouth Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 03 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		29357.54
(b) Cash on Hand at Beginning of Reporting Period.....	35657.50	
(c) Total Receipts (from Line 19) .....	5202.48	15538.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	40859.98	44895.98
7. Total Disbursements (from Line 31) .....	16695.00	20731.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24164.98	24164.98
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HealthSouth Corporation Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 03 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 03 / 31 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2391.10

4778.83

(ii) Unitemized .....

2811.38

10759.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5202.48

15538.44

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

5202.48

15538.44

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5202.48

15538.44

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

5202.48

15538.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2165.00	2201.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2165.00	2201.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	18500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	30.00	30.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	30.00	30.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16695.00	20731.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16695.00	20731.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5202.48	15538.44
34. Total Contribution Refunds (from Line 28(d)) .....	30.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5172.48	15508.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2165.00	2201.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2165.00	2201.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Frank Brown, Jr.**

Mailing Address 24507 Old Windmill Trail

City State Zip Code  
Hockley TX 77447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11AI.18491**

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40, 2 weeks)

Full Name (Last, First, Middle Initial)

**B. Dr. Dexanne B. Clohan**

Mailing Address 2351 River Grand Drive

City State Zip Code  
Birmingham AL 35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

03 / 12 / 2014

**Transaction ID : SA11AI.18383**

Amount of Each Receipt this Period

192.00

Payroll Deduction (\$192, 2 weeks)

Full Name (Last, First, Middle Initial)

**C. Dr. Dexanne B. Clohan**

Mailing Address 2351 River Grand Drive

City State Zip Code  
Birmingham AL 35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11AI.18500**

Amount of Each Receipt this Period

192.00

Payroll Deduction (\$192, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

424.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edmund M. Fay**

Mailing Address 527 Valley Road

City

Birmingham

State

AL

Zip Code

35206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

SVP Treasury

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

03 / 12 / 2014

**Transaction ID : SA11Al.18394**

Amount of Each Receipt this Period

83.00

Payroll Deduction (\$83, 2 weeks)

Full Name (Last, First, Middle Initial)

**B. Edmund M. Fay**

Mailing Address 527 Valley Road

City

Birmingham

State

AL

Zip Code

35206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

SVP Treasury

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11Al.18510**

Amount of Each Receipt this Period

83.00

Payroll Deduction (\$83, 2 weeks)

Full Name (Last, First, Middle Initial)

**C. Jerry Gray**

Mailing Address 7130 East Saddleback Street  
Apt. 56

City

Mesa

State

AZ

Zip Code

85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

SVP Inpatient Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 12 / 2014

**Transaction ID : SA11Al.18400**

Amount of Each Receipt this Period

56.00

Payroll Deduction (\$56, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

222.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Jerry Gray**

Mailing Address 7130 East Saddleback Street  
Apt. 56

City State Zip Code  
Mesa AZ 85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

SVP Inpatient Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 24 2014

**Transaction ID : SA11AI.18516**

Amount of Each Receipt this Period

56.00

Payroll Deduction (\$56, 2 weeks)

Full Name (Last, First, Middle Initial)

## **B. William House**

Mailing Address 1739 Lake Cyrus Club Drive

City State Zip Code  
Hoover AL 35244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Regional Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 12 2014

**Transaction ID : SA11AI.18407**

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50, 2 weeks)

Full Name (Last, First, Middle Initial)

## **C. William House**

Mailing Address 1739 Lake Cyrus Club Drive

City State Zip Code  
Hoover AL 35244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Regional Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 24 2014

**Transaction ID : SA11AI.18523**

Amount of Each Receipt this Period

50.00

Payroll Deduction (\$50, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

156.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Justin Hunter**

Mailing Address 5221 42nd Street NW

City  
Washington

State Zip Code  
DC 20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

VP Government and Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 24 / 2014

Transaction ID : SA11AI.18524

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40, 2 weeks)

Full Name (Last, First, Middle Initial)

**B. Barbara Jacobsmeyer**

Mailing Address 3908 Herman's Lake Ct

City  
Florissant

State Zip Code  
MO 63034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Healthcare Facility Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 24 / 2014

Transaction ID : SA11AI.18526

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40, 2 weeks)

Full Name (Last, First, Middle Initial)

**C. David Klementz**

Mailing Address 808 Parkview Circle

City  
Birmingham

State Zip Code  
AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

CFO - Inpatient Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

03 / 12 / 2014

Transaction ID : SA11AI.18419

Amount of Each Receipt this Period

58.00

Payroll Deduction (\$58, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

138.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Klementz**

Mailing Address 808 Parkview Circle

City State Zip Code  
 Birmingham AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

CFO - Inpatient Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11Al.18535**

Amount of Each Receipt this Period

58.00

Payroll Deduction (\$58, 2 weeks)

Full Name (Last, First, Middle Initial)

**B. Peter M. Mantegazza**

Mailing Address 38 Madeline Drive

City State Zip Code  
 Ridgefield CT 06877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

Regional President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11Al.18543**

Amount of Each Receipt this Period

38.00

Payroll Deduction (\$38, 2 weeks)

Full Name (Last, First, Middle Initial)

**C. Robert W. McCallum III**

Mailing Address 3405 Watertown Place

City State Zip Code  
 Vestavia Hills AL 35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

Chief Tax Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11Al.18545**

Amount of Each Receipt this Period

38.00

Payroll Deduction (\$38, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ed Mowen**

Mailing Address 8613 Highlands Drive

City

Trussville

State

AL

Zip Code

35173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Regional Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 12 / 2014

**Transaction ID : SA11Al.18435**

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$100, 2 weeks)

Full Name (Last, First, Middle Initial)

**B. Ed Mowen**

Mailing Address 8613 Highlands Drive

City

Trussville

State

AL

Zip Code

35173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Regional Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11Al.18550**

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$100, 2 weeks)

Full Name (Last, First, Middle Initial)

**C. Sandra Murvin**

Mailing Address 1831 28th Ave South  
Suite 330

City

Birmingham

State

AL

Zip Code

35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11Al.18552**

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew L. Price**

Mailing Address 381 Greystone Glen Circle

City State Zip Code  
Birmingham AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HealthSouth Corporation

Occupation  
Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 12 / 2014

**Transaction ID : SA11Al.18448**

Amount of Each Receipt this Period

80.00

Payroll Deduction (\$80, 2 weeks)

Full Name (Last, First, Middle Initial)

**B. Andrew L. Price**

Mailing Address 381 Greystone Glen Circle

City State Zip Code  
Birmingham AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HealthSouth Corporation

Occupation  
Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11Al.18562**

Amount of Each Receipt this Period

80.00

Payroll Deduction (\$80, 2 weeks)

Full Name (Last, First, Middle Initial)

**C. Mark J Tarr**

Mailing Address 1039 Williams Trace

City State Zip Code  
Birmingham AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation  
President - Inpatient Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

03 / 12 / 2014

**Transaction ID : SA11Al.18460**

Amount of Each Receipt this Period

115.00

Payroll Deduction (\$115, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark J Tarr**

Mailing Address 1039 Williams Trace

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

President - Inpatient Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11Al.18574**

Amount of Each Receipt this Period

115.00

Payroll Deduction (\$115, 2 weeks)

Full Name (Last, First, Middle Initial)

**B. John Whittington**

Mailing Address 2716 Watkins Glen Drive

City

Birmingham

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.15

Date of Receipt

03 / 12 / 2014

**Transaction ID : SA11Al.18469**

Amount of Each Receipt this Period

177.63

Payroll Deduction (\$177.63, 2 weeks)

Full Name (Last, First, Middle Initial)

**C. John Whittington**

Mailing Address 2716 Watkins Glen Drive

City

Birmingham

State

AL

Zip Code

35216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.78

Date of Receipt

03 / 24 / 2014

**Transaction ID : SA11Al.18583**

Amount of Each Receipt this Period

177.63

Payroll Deduction (\$177.63, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

470.26

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Linda Masone Wilder**

Mailing Address 2335 Ridge Trail

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Senior VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 12 / 2014

Transaction ID : SA11Al.18470

Amount of Each Receipt this Period

70.00

Payroll Deduction (\$70, 2 weeks)

Full Name (Last, First, Middle Initial)

**B. Linda Masone Wilder**

Mailing Address 2335 Ridge Trail

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Senior VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

03 / 24 / 2014

Transaction ID : SA11Al.18584

Amount of Each Receipt this Period

70.00

Payroll Deduction (\$70, 2 weeks)

Full Name (Last, First, Middle Initial)

**C. Arthur E Wilson Jr.**

Mailing Address 5947 South Shades Crest Rd

City

Bessemer

State

AL

Zip Code

35022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Senior VP Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

03 / 12 / 2014

Transaction ID : SA11Al.18472

Amount of Each Receipt this Period

76.92

Payroll Deduction (\$76.92, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

216.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Arthur E Wilson Jr.**

Mailing Address 5947 South Shades Crest Rd

City State Zip Code  
 Bessemer AL 35022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Senior VP Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 24 2014

**Transaction ID : SA11Al.18586**

Amount of Each Receipt this Period

76.92

Payroll Deduction (\$76.92, 2 weeks)

Full Name (Last, First, Middle Initial)

**B. Russell Yeager**

Mailing Address 628 Springbank Terrace

City State Zip Code  
 Birmingham AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthSouth

Occupation

VP Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 24 2014

**Transaction ID : SA11Al.18590**

Amount of Each Receipt this Period

38.00

Payroll Deduction (\$38, 2 weeks)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.92

2391.10

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FEC Financial, Inc.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	3		2	1		2	0	1	4		

Mailing Address PO Box 651374

City	State	Zip Code
Potomac Falls	VA	20165

**Transaction ID : SB21B.18478**Purpose of Disbursement  
Procedural and Financial PAC Review

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2165.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2165.00

2165.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. HOLDING ONTO OREGON'S PRIORITIES**

Mailing Address PO BOX 3314

City	State	Zip Code
PORTLAND	OR	97208

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2014

**Transaction ID : SB23.18360**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. KIRK FOR SENATE**

Mailing Address P.O. BOX 8

City	State	Zip Code
WINNETKA	IL	60093

Purpose of Disbursement

Candidate Name

**MARK STEVEN KIRK**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 00

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2014

**Transaction ID : SB23.18361**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. LOBIONDO FOR CONGRESS**

Mailing Address PO BOX 775

City	State	Zip Code
MARMORA	NJ	08223

Purpose of Disbursement

Candidate Name

**FRANK A. A LOBIONDO**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 02

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2014

**Transaction ID : SB23.18367**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HealthSouth Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LONE STAR LEADERSHIP PAC**

Mailing Address PO BOX 30844

City	State	Zip Code
BETHESDA	MD	20824

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2014

**Transaction ID : SB23.18363**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. MARTHA ROBY FOR CONGRESS**

Mailing Address PO BOX 195

City	State	Zip Code
MONTGOMERY	AL	36101

Purpose of Disbursement

Candidate Name

**MARTHA ROBY**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AL District: 02

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2014

**Transaction ID : SB23.18365**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. RELY ON YOUR BELIEFS FUND**

Mailing Address 209 Pennsylvania Avenue SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2014

**Transaction ID : SB23.18362**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
---------

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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

# HealthSouth Corporation Political Action Committee

## A. TIM MURPHY FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.18366

Amount of Each Disbursement this Period

2000.00

TIM MURPHY

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: PA District: 18

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name	Age	Gender	Marital Status	Religion	Ethnicity	Education Level	Occupation	Income	Health Insurance	Housing Status	Transportation Mode	Voting History	Political Affiliation	Community Involvement	Family Size	Home Ownership	Employment Stability	Financial Literacy	Digital Literacy	Language Proficiency	Mental Health Status	Substance Use	Physical Activity Level	Nutrition Habits	Tobacco Use	Alcohol Consumption	Stress Management	Social Support Network	Life Satisfaction	Overall Well-being Score
Jane Doe	35	F	Married	Catholic	White	Bachelor's Degree	Software Engineer	\$75,000	Private Insurance	Rent	Car	Consistent Voter	Democrat	Volunteer at Church	3 Children	Owns Home	Stable Employment	High Financial Literacy	High Digital Literacy	Fluent English	No Mental Health Issues	No Substance Use	Regularly Active	Healthy Diet	No Tobacco Use	Occasional Alcohol	Good Stress Management	Strong Social Support	Very Satisfied	85
John Smith	42	M	Single	Protestant	African American	Master's Degree	Marketing Manager	\$60,000	Medicaid	Owns Home	Public Transportation	Inconsistent Voter	Republican	Member of Church	2 Children	Rent	Unstable Employment	Low Financial Literacy	Medium Digital Literacy	Basic English	Anxiety Disorder	Smokes Cigarettes	Minimal Activity	Fast Food Preference	Regular Smoking	Frequent Drinking	Poor Stress Management	Limited Social Support	Moderately Satisfied	65
Emily White	28	F	Divorced	Jewish	Hispanic	Associate Degree	Retail Associate	\$30,000	Medicaid	Rent	Bike	Never Votes	Independent	Active in Community	1 Child	Rent	Unstable Employment	Low Financial Literacy	Low Digital Literacy	Spanish Speaking	Depression	Drugs Use	Sedentary Lifestyle	Unhealthy Diet	No Tobacco Use	Excessive Drinking	Overwhelmed by Stress	Weak Social Support	Dissatisfied	45
Michael Brown	55	M	Widowed	Buddhist	Asian	PhD	University Professor	\$90,000	Private Insurance	Owns Home	Car	Consistent Voter	Democrat	Teaches Sunday School	0 Children	Owns Home	Stable Employment	High Financial Literacy	High Digital Literacy	Fluent English	No Mental Health Issues	No Substance Use	Regularly Active	Plant-based Diet	No Tobacco Use	No Alcohol	Excellent Stress Management	Large Social Support	Extremely Satisfied	95
Sarah Johnson	38	F	Married	Muslim	Latino	Bachelor's Degree	Data Analyst	\$55,000	Private Insurance	Rent	Car	Consistent Voter	Democrat	Imam's Daughter	2 Children	Rent	Stable Employment	Medium Financial Literacy	Medium Digital Literacy	English Speaking	No Mental Health Issues	No Substance Use	Regularly Active	Halal Diet	No Tobacco Use	Occasional Alcohol	Good Stress Management	Strong Social Support	Satisfied	75

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

2000.00

**TOTAL** This Period (last page this line number only).....

14500.00